

Name
in
Full

Anna L. Albaugh

CERTIFICATE OF DEATH

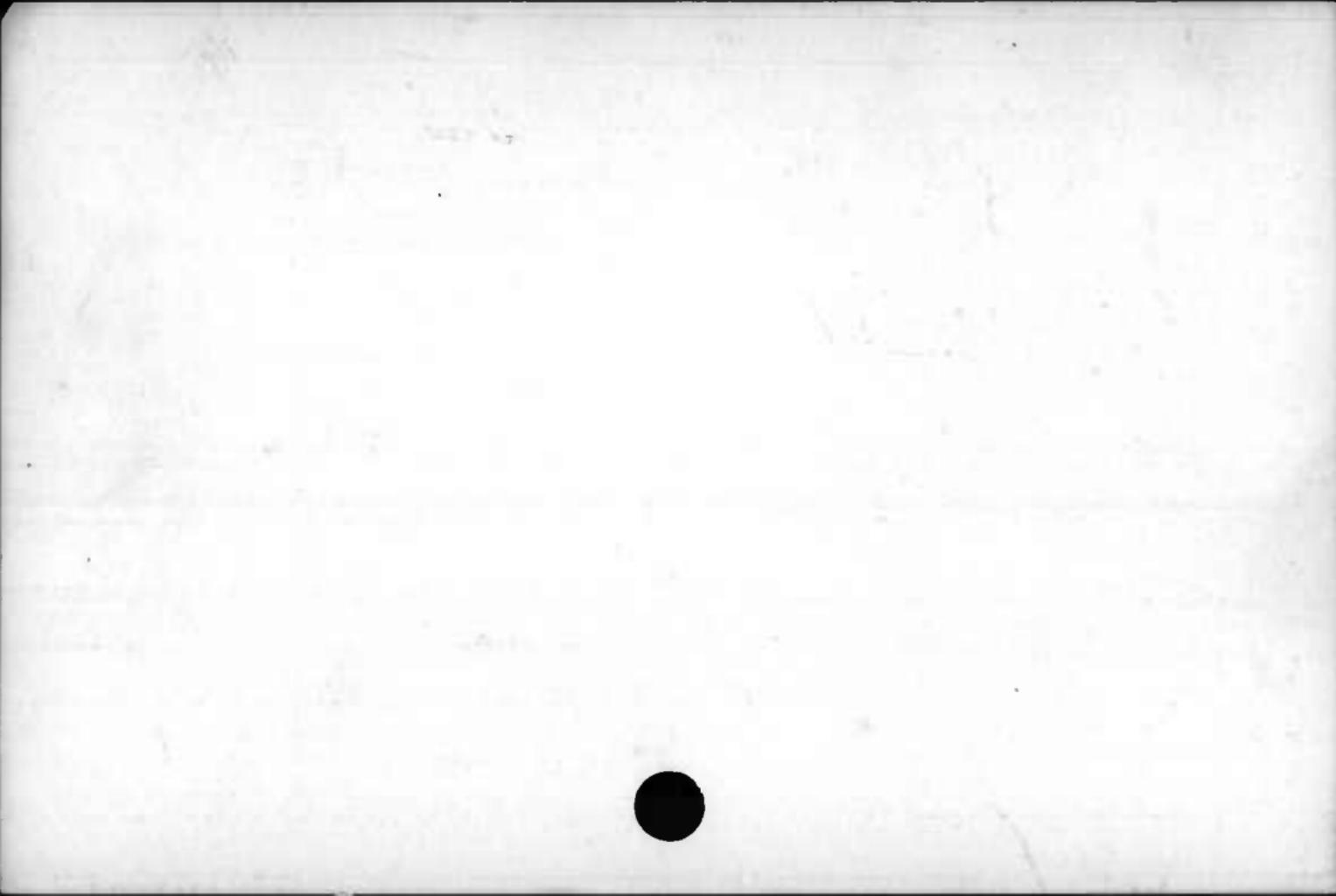
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug.	Day 3 rd	Years 64	Months 8	Days 10
Sex Female	Color or Race white	Occupation	Birth- place Pennsylvania		
Married, Single or Widowed Widow					
Name of Wife or Husband Henry B. Albaugh					
Father's Name Jeremiah Brobeck	Father's Birthplace Pa				
Mother's Maiden Name Eliza Slagle	Mother's Birthplace Maryland				
Name of person giving Information Florence Vandengord	How related to deceased daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Coronaria Paecum	How long	about year
Immediate	4th anulus	How long	6 Weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Tom D. Wells
41		Address	Westminster
Accident or Suicide?			



Name
in
Full

Kate Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital Carroll

MARYLAND

Date of death 1903 Month Aug Day 19 Years 46 Months Days

Sex Female Color or Race white Birth-place Germany

Married, Single or Widowed Married Occupation Domestic

Name of Wife or Husband Not known

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Germany

Name of person giving information Dr. Peter Bayard

How related to deceased

CAUSES OF DEATH

Primary Alcoholic Dementia 8 years

How long 8 years

Immediate Strangulated Hernia 9 hours

How long 9 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

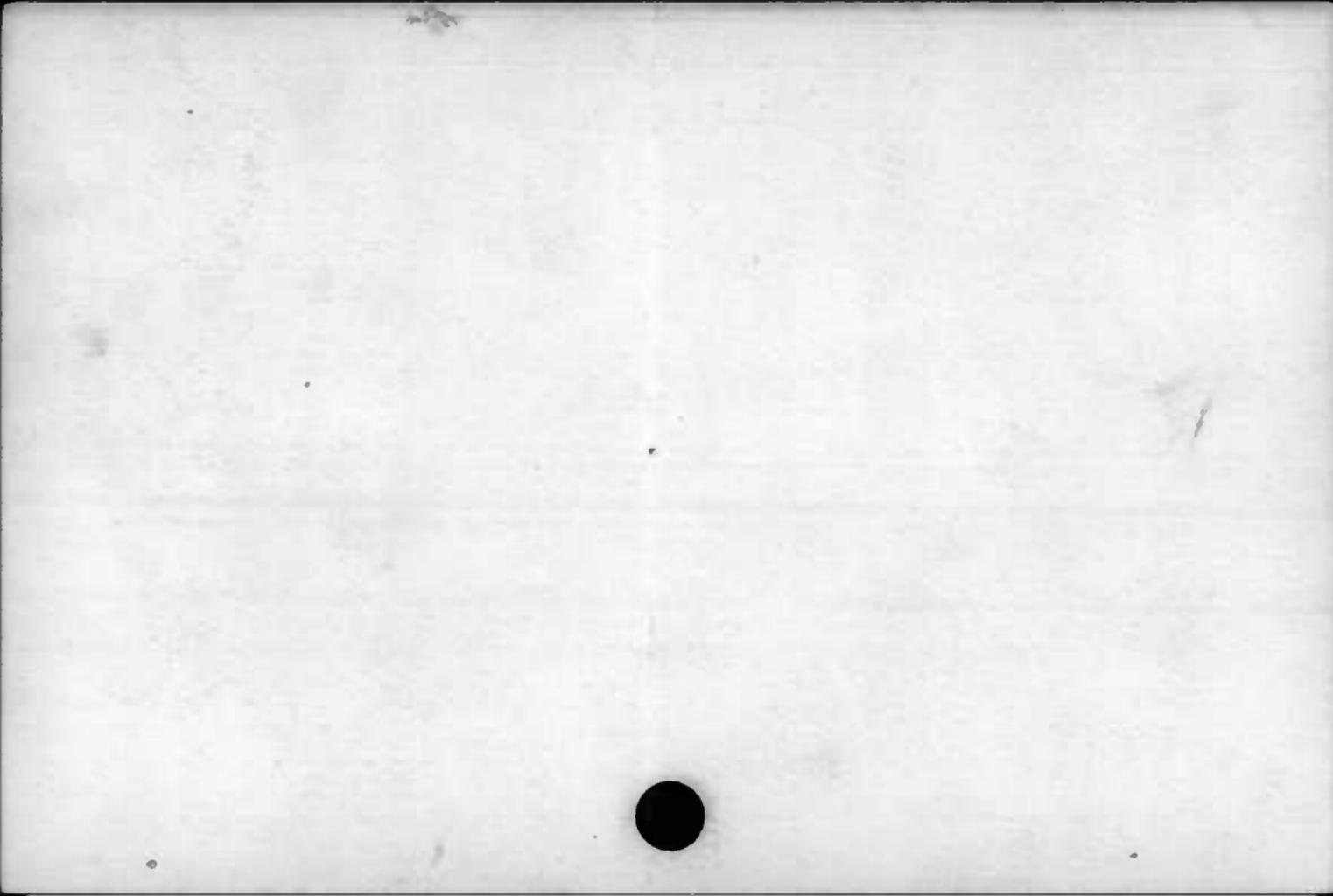
Signature of Physician

Address

J. C. Lelark
Sykesville

Md.

Accident or Suicide?



Name
in
Full

396 Richard Arnold

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug	Day 17	Age 42	Years	Months 6
Sex male	Color or Race white	Occupation Laborer	Birth-place Maryland	Days 8	
Married, Single or Widowed Married	Occupation Laborer				
Name of Wife or Husband R B Janner					
Father's Name Caleb Arnold				Father's Birthplace Maryland	
Mother's Maiden Name Went Knun				Mother's Birthplace 660	
Name of person giving information Wm Janner				How related to deceased Father	Indirect

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of	How long 6 month
Immediate	1	How long "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Jas. J. Ke
		Address 1100 N. Franklin St.
Accident or Suicide?		

Sandy mound

Name
in
Full

393

James Shullman Bitzel

Town

Died at

January

County

Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date
of death

1903

Month

Aug

Day

20

Years

—

Months

6

Days

7

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Philip Bitzel

Father's
Birthplace

Maryland

Mother's
Maiden Name

Barbara Rauther

Mother's
BirthplaceName of person giving
Information

Philip Bitzel

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

61

How long

4 days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

T. J. Coonan M.D.

Accident or Suicide?

German Lutheran church near Parney

Name
in
Full

Eliza Jane Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

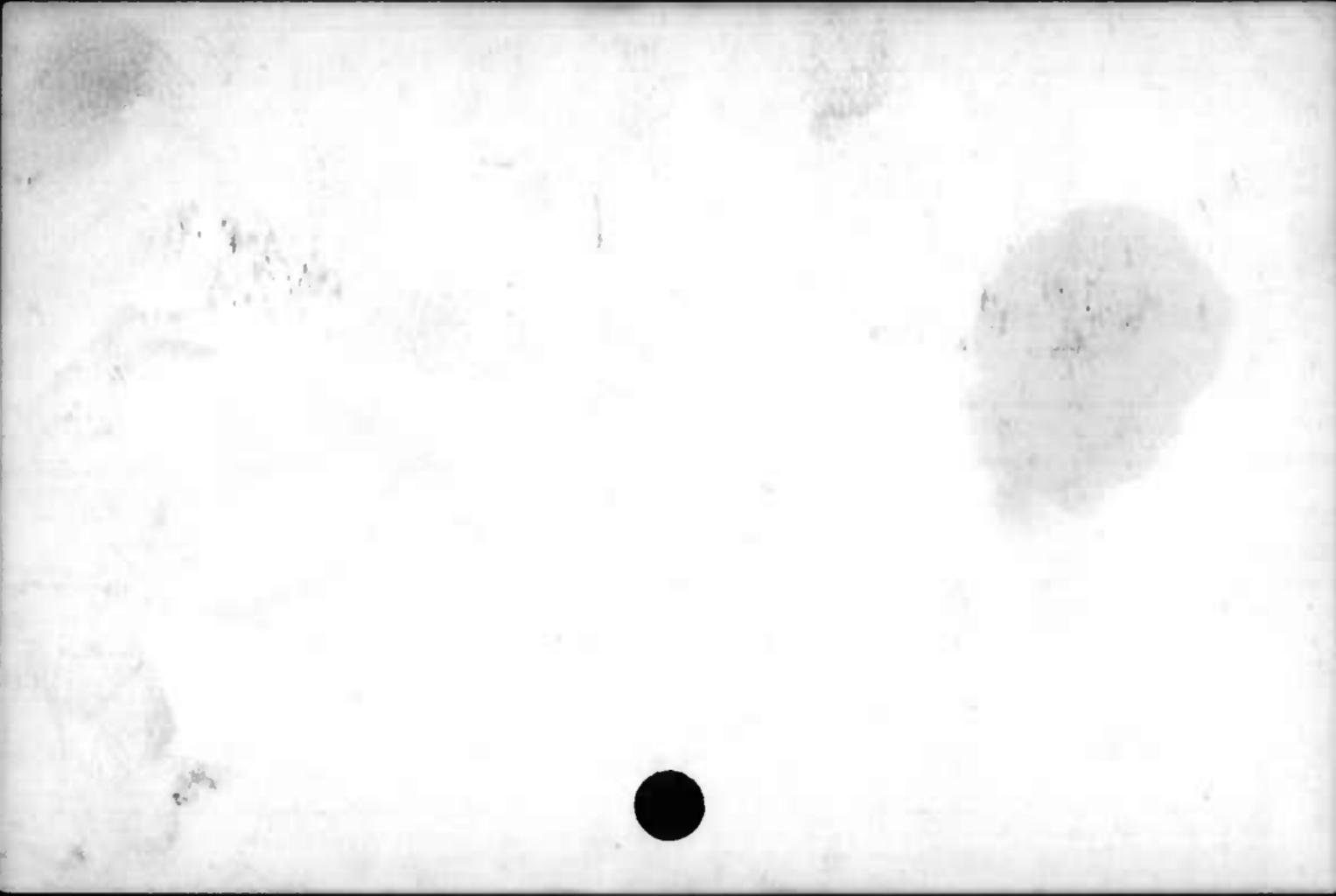
Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1903	Aug. 31	55-	7	9	
Sex	Female	Color or Race	Westminister-		
Occupation	House wife	Where Residing if not at place of death	Home		
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Bowen		
Father's Name	Alexander Sanders	Father's Birthplace	—		
Mother's Maiden Name	Elizabeth Lavery	Mother's Birthplace	—		
Name of person giving information	Joseph Wilcox	How related to deceased	None		

CAUSES OF DEATH

Primary	Cardiac asthma - Nephritis	How long	6 mos.
Immediate	Coma, exhaustion	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas R. Foulk
Yes		Address	Westminister

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

405
TO BE ANSWERED BY
NEAREST FRIEND

Carnation Buckingham
Town
Died at

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903	Month Aug	Day 30	Years 64	Months 5	Days 0
Sex Female	Color or Race white	Occupation Widow	Birth- place Maryland		
Married, Single or Widowed Widow					
Name of Wife Husband Ely J Buckingham					
Father's Name Burgess N. Nelson	Father's Birthplace Maryland				
Mother's Maiden Name Maranda Pease	Mother's Birthplace 60				
Name of person giving Information Fannie Stockdale	How related to deceased daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Bowel

How long

6 Month

Immediate

16

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. J. Henry 446
West

Accident or Suicide?

Dear Park

Name
in
Full

389

TO BE ANSWERED BY
NEAREST FRIEND

Roland S Caple

CERTIFICATE OF DEATH

Town
Eastrivus
Died at _____
Date of death 1903 Month Aug Day 4th
Age _____
Sex Male Color or Race White
Occupation _____
Married, Single or Widowed _____
Birth-place Carroll
Maryland
Months 4 Days 6

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving information

Charles S Caple
Catharine Shirley
S S Caple

Father's Birthplace

Mother's Birthplace

How related to deceased

Maryland
45
Father

CAUSES OF DEATH

Primary

Mongols 61

How long

8 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. J. Conner M.D.
Westminister
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Sandy mount

Merle N. Conover

Town

County

MARYLAND

Died at

Near Chestertown, Carroll

Month Day

Y. M. D.

Native of

Occupation

Date 1903-

Aug 20

Age

1-5-4

Md

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

addie conover

addie Hawk

Cause of

Primary

Enteric Colitis

How long sick

23 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Olofspmo

Bluejacketed

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eliza A. F. Cooper

CERTIFICATE OF DEATH

4-03

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month Aug	Day 24.	Age 56 -	Years	Months 3 -	Days 4	
Sex Female	Color or Race Colored	Occupation Laborer		Birth- place Frederick			
Married, Single or Widowed Married	Name of Wife or Husband Alfred Cooper		Father's Name John Cole		Father's Birthplace —		
Mother's Maiden Name Elija Cole	Name of person giving Information Julia Thompson		Mother's Birthplace Balto.		How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis

How long

2 or 3 mos

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas. R. Foote MD
Westminster
Md.

Accident or Suicide?

Davis Creek Camp
Station

Name
in
Full

Samuel Conner

CERTIFICATE OF DEATH

401

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month Aug	Day 29	Age 29	Years	Months 10	Days 25	
Sex Male	Color or Race white	Occupation Rotived Farmer		Birth-place Maryland			
Married, Single or Widowed Married	Name of Wife & Husband Sarah A Schaeffer		Father's Name Tobias Conner			Father's Birthplace Maryland	
Mother's Maiden Name Elisabeth Santrow	Name of person giving information Sarah A Conner		Mother's Birthplace Lee			How related to deceased Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery		How long 8 day
Immediate	Dysentery		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jos. L. Mathias
		Address	Westminster
Accident or Suicide?			

Bridges County



John Deckebough
Town County
Freedom Carroll

Died at MARYLAND
Month Day Y. M. D. Native of Occupation
Date 1963 Aug. 29 76 9 - Germany Harnessmaker
Male White Age Married -
- - - - Number of children living 5
- - - -

Husband of Mary E Fox

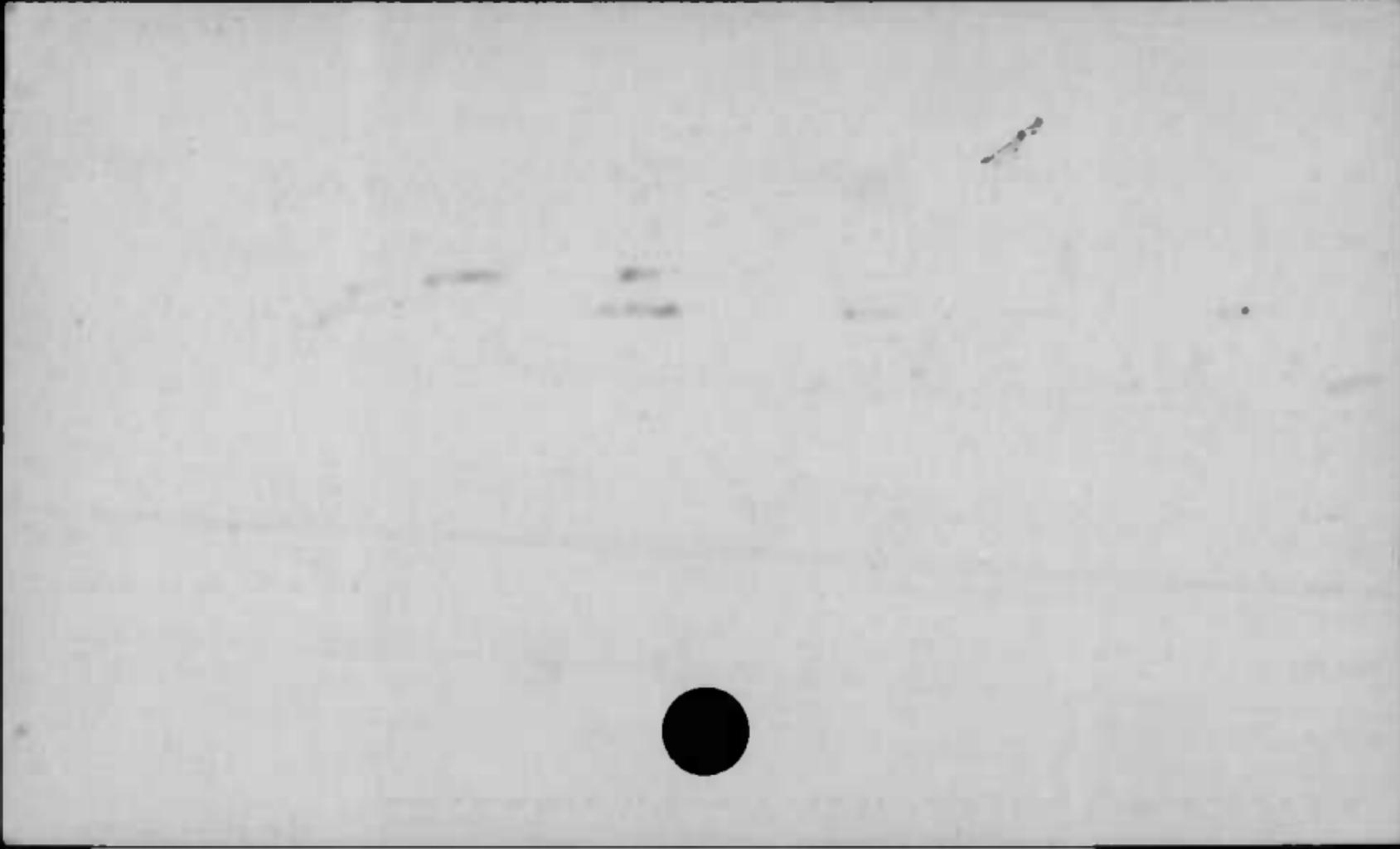
Father's Mother's
Name Maiden Name

Cause of Death Primary 7 How long sick 79
Immediate Valvular Heart Disease 8 weeks
Accident Suicide Homicide

Reported by

MD Morris. MD.
Eldersbury. MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



S. K. George Derrries.

Died at Springfield State Hospital, Sykesville, MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 19	3. Aug. 27 th			52.			Md.	Merchant.
Male	White	Married			Widow	Divorced		
Female	Colored	Single			Widower	Number of children living		

Husband of

Wife

Father's Name

Wm Derrries.

Mother's Maiden Name ? 27

Cause of

Primary

Death

Immediate

Phthisis pulmonaris.

How long sick
19 days.

Accident, Suicide, Homicide

Reported by

R. M. Bruns, M.D.

Address

Springfield State Hospital, Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eden Engleman

No. 84

CERTIFICATE OF DEATH

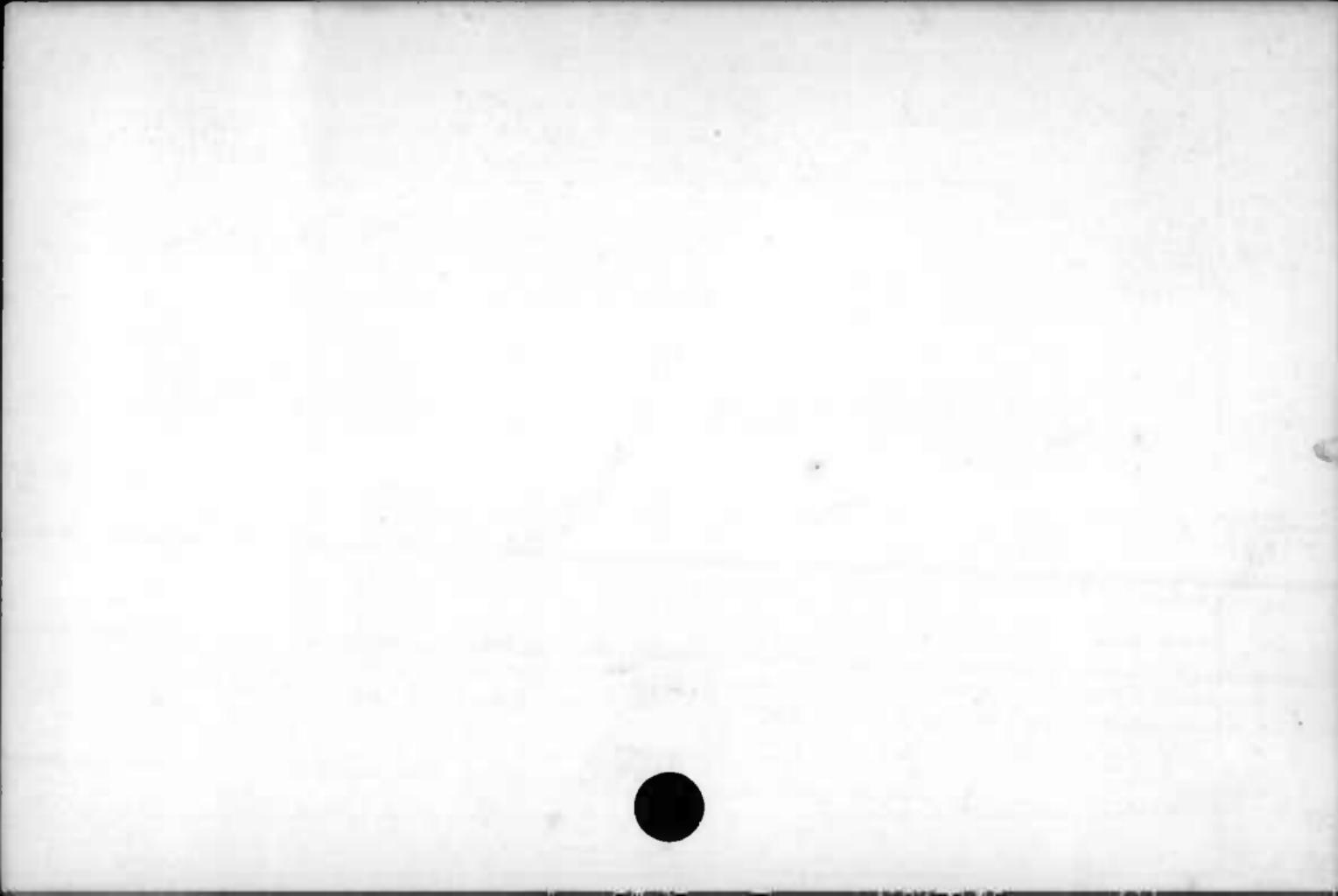
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	White	Birth-place	md		
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	John Engleman			Father's Birthplace	md		
Mother's Maiden Name	Maudie Goutz			Mother's Birthplace	md		
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Foramen Ovale not completely closed	How long
Immediate	Deitation, convulsions	How long 1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		S. L. Fair
		Address
Union		Bridge
Accident or Suicide?		



Name
in
Full

391

TO BE ANSWERED BY
NEAREST FRIEND

Mary P Fowler

Town

Westminster

County

Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death

1903

Month

Aug

Day

11

Age

Years

53

Months

3

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

Name of Wife or
Husband

Noah Fowler

Father's
Name

Ambrase Hayden

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah A. Coleman

Mother's
Birthplace

" "

Name of person giving
Information

Susan Hayden

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Diabetes Mellitus

How long

4 yrs

Immediate

Chronic Nephritis

How long

6 yrs

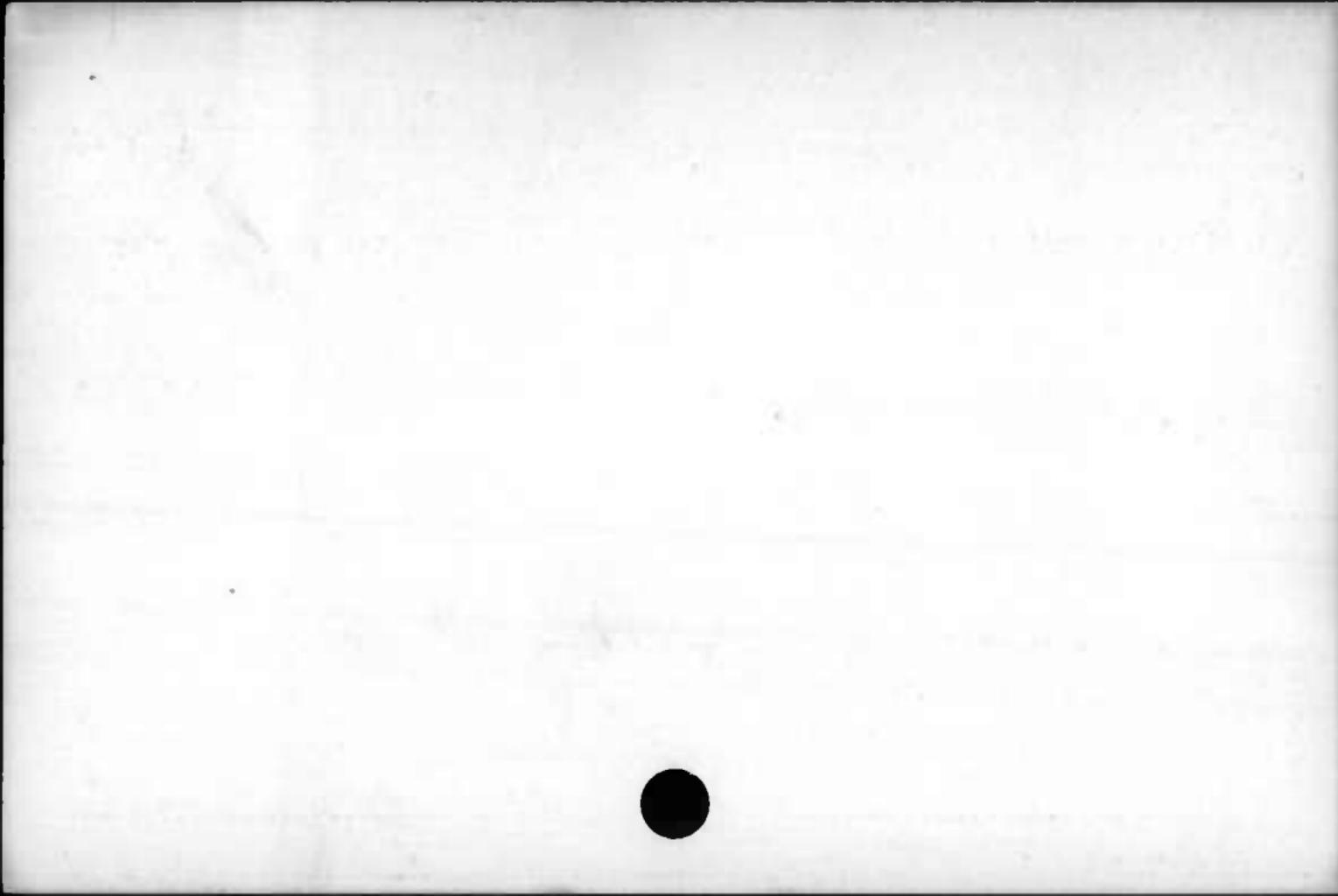
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Wm. & Wells
Westmead

Accident or Suicide?



Name
in
Full

39 May J. Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Carroll		County	
Died at	Fitzellburg		Carroll	
Date of death	1903	Month	August	Day
Age	76	Years	3	Months
Color or Race	White		Days	3
Sex	Female		Westminster -	
Occupation	Retired		Home	
Married, Single or Widowed	Widowed		Where Residing if not at place of death	
Name of Wife or Husband	Joseph Freeman		Joseph Freeman	
Father's Name	George Rambly		Father's Birthplace	
Mother's Maiden Name	Elizabeth Arbaugh		Mother's Birthplace	
Name of person giving information	John L. Roone		How related to deceased	
Son in law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

How long

several months

Immediate

Dysentery

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Jacob Klinehart M.D.
Fitzellburg Carroll
Md.

Accident or Suicide?

St Benjamins Cemetery.

Rosco Mathias Heggard

Town

County

MARYLAND

Died at Sydersburg

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Aug 11

Age

1 10 10

Maryland

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

— — —

Wife

Father's

Name

Adam Heggard

Mother's

Maiden Name

Lizzie & Mathias

Cause of

Primary

Cholera Infantum

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

105

Address

Manchester

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Caroline Hardy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lewisville		Town	Carroll		County	MARYLAND	
Date of death 1903	Month Aug	Day 25	Age 72	Years	Months	Days	
Sex Female	Color or Race Colored	Occupation Wash woman		Birth-place Carroll Co Md			
Married, Single or Widowed Single							
Name of Wife or Husband							
Father's Name Jacob Hardy					Father's Birthplace Baltimore Md		
Mother's Maiden Name Rachel Borgan					Mother's Birthplace Carroll Co Md		
Name of person giving Information Jida Broaders					How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ovarian Cancer V2

How long

1 yr

Immediate

Septicemia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

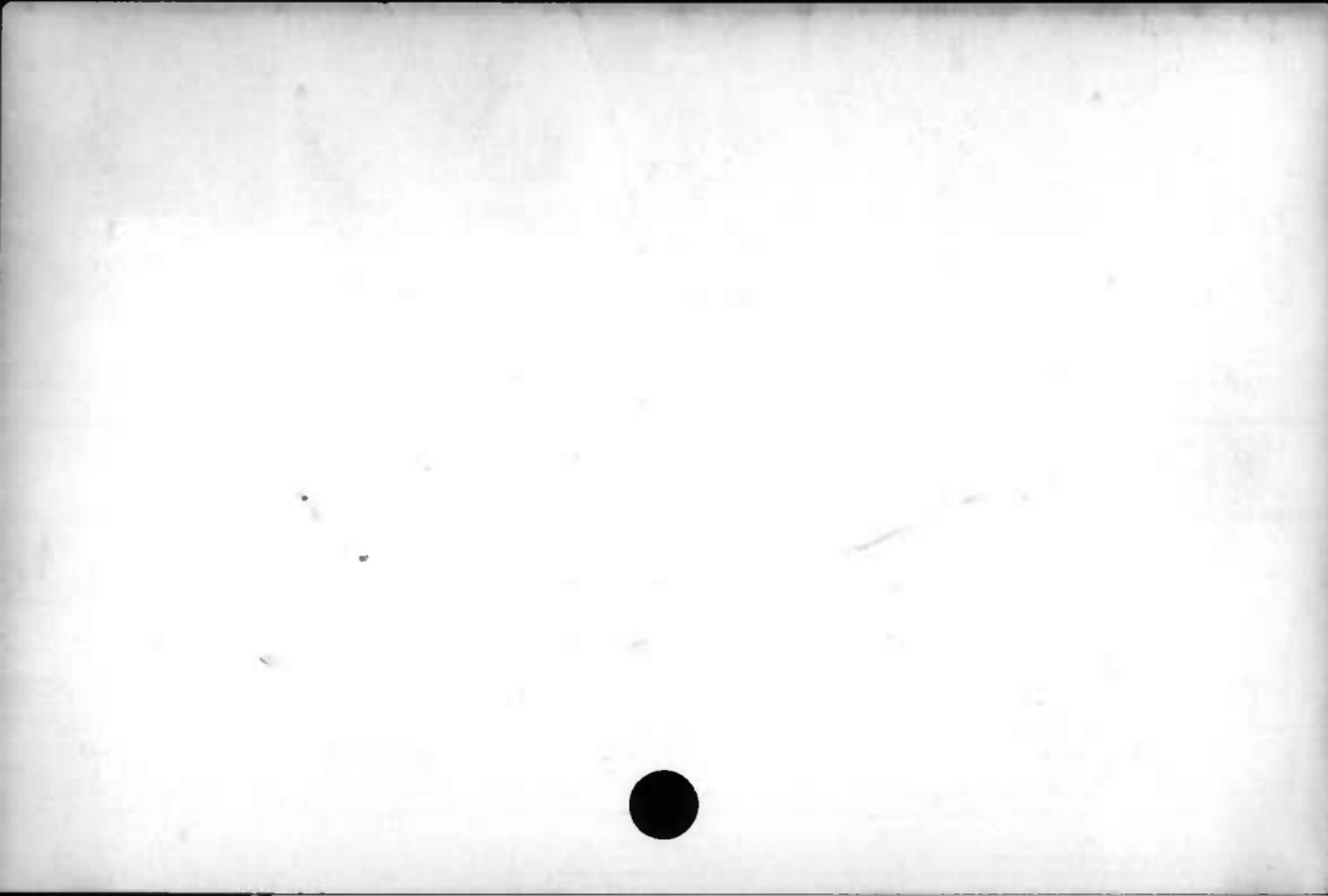
Signature of Physician

Dr. V. Grossman

Address

Gamber Md

Accident or Suicide?



Name in Full

Certificate of Death

No 83

Mary A. Hartsock

Town	Union Bridge			County	Carroll		MARYLAND
Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	8	9	Age 82	Married	Widow	2nd	Housewife
<input checked="" type="checkbox"/> Male	White,			<input checked="" type="checkbox"/> Sing'	<input checked="" type="checkbox"/> Widow	<input checked="" type="checkbox"/> Divorced	Number of children living
<input type="checkbox"/> Female	Colored						0

Wife of

Howard D Hartsock

Father's Name

Samuel Smith

Mother's

Maiden Name

Cause of Death

Primary

Senility -

How long sick

Death

Immediate

Collapse -

2 or 3 years -

~~Accident, Suicide, Homicide~~

Reported by

Frank J. Shriver

Address

Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Theodore Roosevelt Hawk

Town

County

MARYLAND

Died at

Taneytown

Carrol

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03 Aug - 19

Age

9 months

Md

Clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Samuel Hawk

Mother's

Maiden Name

Carrie Hawk

Cause of

Primary

Tubercular Meningitis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

OvRoof

28

Address

Taneytown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hobbs, Elias

Town

County

Died at

Gaultiers

MARYLAND

Carroll

Date 1903 - 8 - 3

Y. M. D.

Native of

Month Day

Age 78 - 2 - 8

Md -

Occupation

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

6

Husband of

Georgeana Hobbs

Wife

Mother's

Father's

Name

Name

190

Cause of

Primary

Nephritis

How long sick

12 mos -

Death

Immediate

Malaria

Accident, Suicide, Homicide

Reported by



W. Frank Lucas, M.D.

Syracuse, N.Y.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rev Andrew Hassler

Town

County

Died at

Cranbury

Carroll

MARYLAND

Date 1803

Month Day
Aug 29Y. M. D.
2 5 -Native of
MarylandOccupation
—

Date 1803

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living
—Husband
of
WifeFather's
Name

Emory E Hassler

Mother's
Name

Mary E Brown

Cause of

Primary

Gastritis

How long sick

3 days

Death

Immediate

Putrefaction

106

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Conrad Kobl

Town

County

Died at

Sykesville Carroll

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Aug 3

Age 68

Male

White

Married

Widow

Divorced

Catholic

Colored

Single

Widower

Number of children living

Husband

of

Joanna Kobl 2009 Hammond Ave Baltimore

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dementia

How long sick

11 days

Death

Immediate

Perforation of bowel

Accident, Suicide, Homicide

Reported by

Dr. Clement Clark

Address

Springfield Hosp. Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mattie Lander

Town

County

MARYLAND

Died at

St. of Alesia

Carroll

Died at

Month Day

Y. M. D.

Native of

Occupation

Data 1903

Month Day

Y. M. D.

Native of

Occupation

Y. M. D.

Native of

Occupation

Age

Age

Age

Age

Age

Age

Age

Male

Married

Widow

Divorced

Female

Single

Widower

Number of children living

Husband of

William Lander

Wife

Father's

Mother's

Name

Maiden Name

Bonnebly

Cause of

Primary

Tuberculosis

Having sick

Three years

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

J. W. Prestow

Address

Lynn Chester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rachel Lewis

Town Sykesville County Carroll MARYLAND
 Died at Sykesville Month Aug Day 24 Y. 1905 M. Aug D. Aug Native of Howard Co. Md. Occupation Servant
 Date 1905 Age 70 years Marital Status Married Widow Widower Divorced Divorced
 Male White Female Black Colored Colored Single Single Widower Widower Number of children living 4

Husband of Daniel Lewis - Deceased -
 Wife

Father's Name

Mother's

Maiden Name

Cause of Death Nephritis Primary 120 How long sick 12 months
 Death Uraemic Convulsion Immediate Accident, Suicide, Homicide

Reported by

Address

Daniel B. Spracher M.D.
Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George W Mathews							CERTIFICATE OF DEATH	
Died at		Westminster	Town	Carroll		County	MARYLAND	
Date of death 1903	Month	Aug	Day	23	Age	89	Months	6
Sex	Male	Color or Race	White	Occupation	Birth- place	Days	16	
Married, Single or Widowed	Married							
Name of Wife or Husband	Aust. Maria Lane							
Father's Name	William Mathews				Father's Birthplace	Maryland		
Mother's Maiden Name	Dont Know				Mother's Birthplace			
Name of person giving Information	Geo L Mathews				How related to deceased	Grand Son		
CAUSES OF DEATH								
Primary	Old Age				How long	2 days		
Immediate	Dysentary		15P		How long	2 days		

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

M. L. Bott
Westminster, Md

Accident or Suicide?

Westminster Cemetery

Name
in
Full

Ellen Maxwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hempstead</u>		County <u>Carroll</u>		MARYLAND		
Date of death 1903	Month <u>Aug</u>	Day <u>12</u>	Age <u>75</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>				
Married, Single or Widowed <u>Widow</u>	Occupation <u>✓</u>					
Name of Wife or Husband <u>✓</u>						
Father's Name <u>✓</u>				Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>✓</u>				Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Miss B. F. Stanbury</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

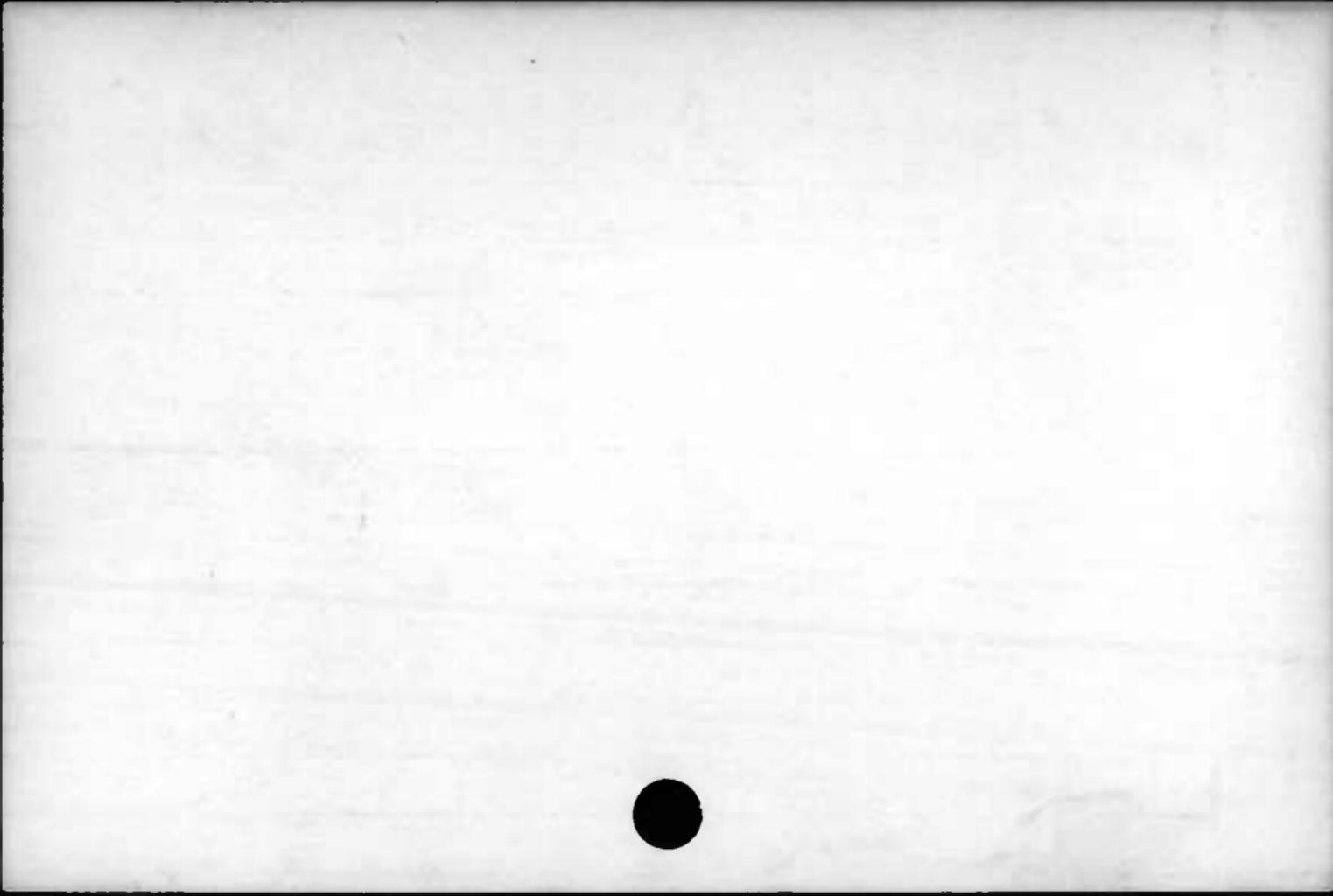
PHYSICIAN
OR CORONER

Primary <u>Lobar Pneumonia</u>	How long <u>1 day</u>
Immediate <u>Heart Failure</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Edgar M. Bush, M. D.
Address Hempstead, N. Y.

Accident or Suicide? ✓



Name in Full

Certificate of Death

Annie N. Mower

Town

Paeyston

County

Carroll

MARYLAND

Died at

1903

Month

Dey

Y.

M.

D.

Native of

Mother

White

Age
Married

39 9 29

Widow

Divorced

Occupation

Housewife

Date

Female

Colored

Single

Widower

Number of children living

4

Wife

Father's

Name

Cause of

Death

Reported by

Address

of albert B. Mower

Wm. J. Biggs

Mother's

Maiden Name

Lucy A.

How long sick

one year

Accident, Suicide, Homicide

F. H. Tiss. M.D.

Paeyston, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Elizabeth Ogg

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Age	Years	Months	Days	
Aug 22.			67	=		16	
Sex	Female	Color or Race	white		Birth- place	Maryland	
Married, Single or Widowed	Married		Occupation				
Name of Wife or Husband	Elizabeth Ogg						
Father's Name	George W. Parker				Father's Birthplace	Maryland	
Mother's Maiden Name	Don't Know				Mother's Birthplace		
Name of person giving Information	John W Ogg				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parsis

How long

1 year

Immediate

"

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. J. Hennig

Address

Westmont

Accident or Suicide?

Deer Park choper

Name
in
Full

Walter-Fred Pelka

CERTIFICATE OF DEATH

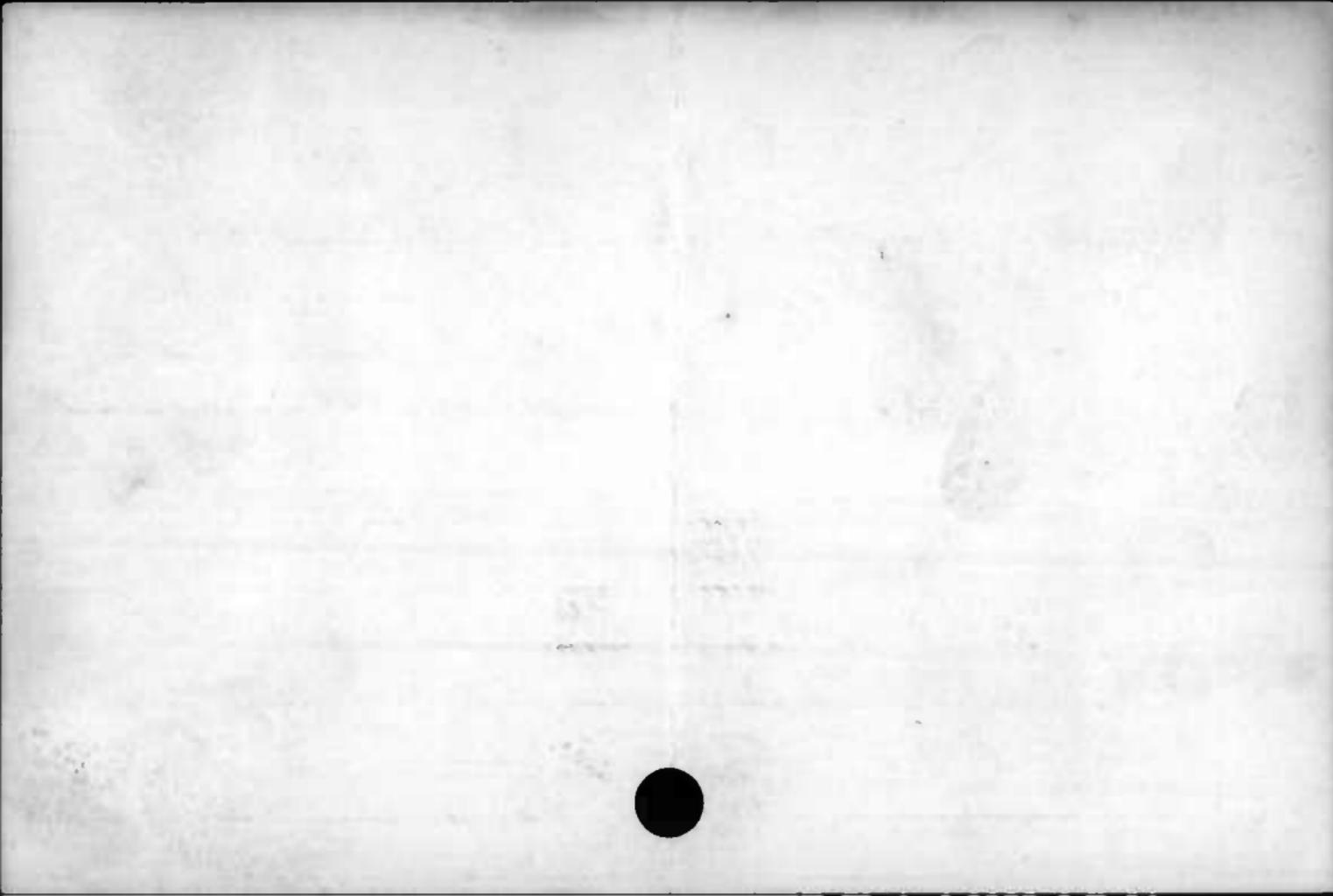
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Oakland	carroll Co			
Date of death 190	Month 3 Aug	Day 9	Years 35	Months 0	Days 23
Sex	Male	Color or Race	White	Birth-place	saratoga co new york
Married, Single or Widowed	Married	Occupation	Lawyer		
Name of Wife or Husband	Leilia 'll. Pelka				
Father's Name	Frederick Pelka				
Mother's Maiden Name	Dont kno				
Name of person giving information	Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

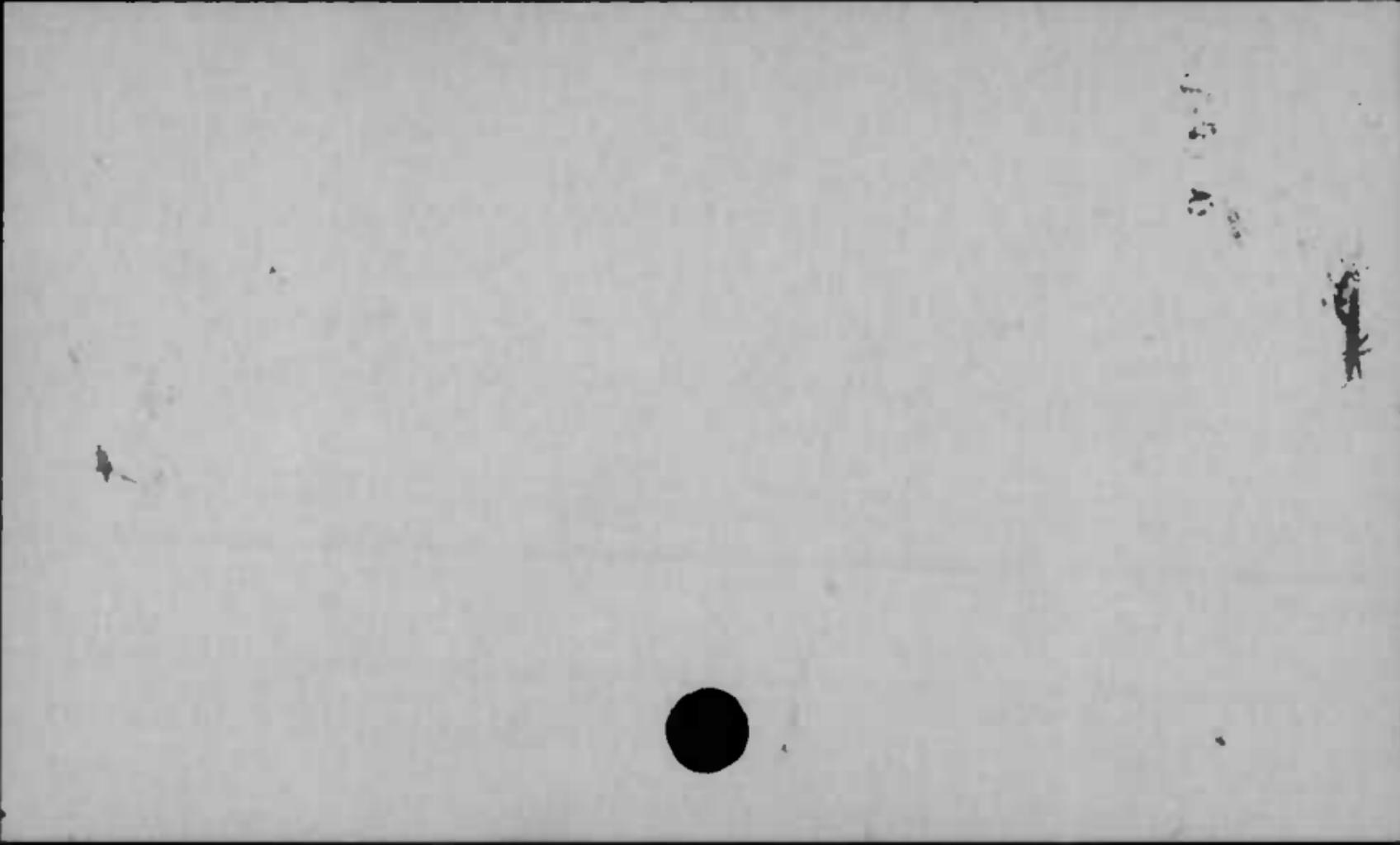
Primary	Tuberculosis	How long
Immediate	Exanation 21	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician F. H. Dr M.D
		Address Resaleston, Md.
Accident or Suicide?		



not named -

Died at		Town	County			
		Wales'ville				
Date		Month	Day	Y.	M.	D.
1903		8	29	1903		6
Male		White	Age			Native of
yes		40	Married			Md
Female		Colored	Single	Widow	Occupation	
				Divorced	Infant	
Husband of						
Wife						
Father's Name		Wm O Portin	Mother's Name		Mary Portin	
Cause of Death		Primary	b left Palate		How long sick	
		Immediate	In an infection		8 days	
Reported by		B H Todd M.D.		150		Accident, Suicide, Homicide
Address		Ridgeville		Md		

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister



Name
in
Full

Albert Schaeffer

CERTIFICATE OF DEATH

390

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Westminster		Carroll				
Date of death 1903	Month	Day	Age	Years	Months	Days
Aug	4		64			16
Sex	Male	Color or Race	white	Occupation	Maryland	
Married, Single or Widowed	Married	Farmer				
Name of Wife or Husband	Mary Tjiser					
Father's Name	George Schaeffer			Father's Birthplace	Maryland	
Mother's Maiden Name	Catharine Biehl			Mother's Birthplace	,, ,	
Name of person giving Information	Mary Schaeffer.			How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Consumption	How long
	Immediate	Heart Failure	27 one year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jas. H. Ballyslan M.D.
		Address	Westminster Md
Accident or Suicide?		No	

Kriden

Name
in
Full

Franklin L. Shifley

CERTIFICATE OF DEATH

392
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND	
Date of death 1903	Month Aug	Day 12 th	Years 80	Months 10	Days 3
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>near Westminster</u>			
Married, Single or Widowed <u>Widower</u>	Occupation <u>Retired</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Ezra Shifley</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving Information <u>Mrs James. Omeus</u>	How related to deceased <u>Niece</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

How long

81 years

Immediate

Paralysis

154

How long

One week

Are the name, age, sex, color, date and place correctly given above?

Yes

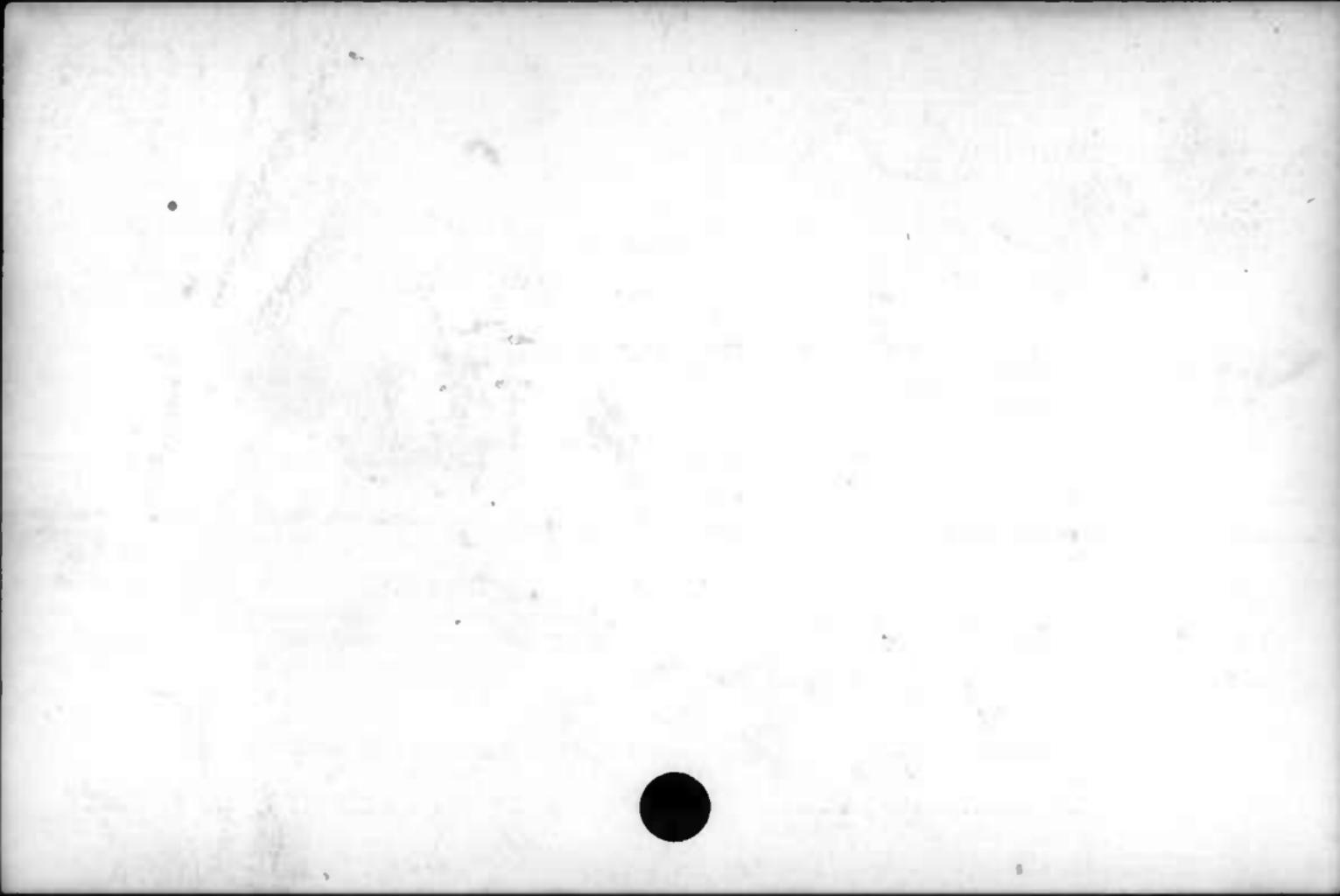
Signature of Physician

Address

Das. H. Billingsley M.D.
Westminster Md

Accident or Suicide?

No



Rosalie D. Shipley

Town

near Sykesville

County

Carroll

MARYLAND

Died

Date 1903

Month

Day

Y.

M.

D.

Native of

Age

33

- 9

Md.

Occupation

none

White

Married

Widow

Female

Number of children living

2

of
Wife
of Samuel D. Shipley

Father's
Name Dudley Diggs

Mother's
Name Hannah Monroe

Cause of
Primary

Pregnancy

138

How long sick

4 days

Death
Immediate

Puerperal Eclampsia

Suicide, Homicide

Reported by

MD Morris. MD.

Address

Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joseph Slack

Town

County

Died at Eldersburg

Carroll

MARYLAND

Month Day

Y. M. D.

Native of

Date 1903 Aug. 4

76 7 15

Md.

Occupation

Male

White

Age 76
Married

Wife

Deceased

Female

Outward

Single

Widower

Number of children living

one

Husband

of

Mattie R. Slack

Father's
Name

David Slack

Mother's
Name

Sarah Buckman

Cause of

Primary

Old age

How long sick

Death

Immediate

Pneumonia

Accident Suicide Homicide

Reported by

MD Norris. MD.

Address

Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas. L Smith

87

Town

County

Died at

Near McHenry's Mills, Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1903

8

11

Age 67. 11. 28

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband of

Emilia Smith

Wife

Father's

Name

Mother's

Maiden Name

Mary Smith

Cause of

Primary

Intussusception of bowel

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. J. Watt

Annapolis
Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

394
Barbara A. Snader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month Aug	Day 19	Years 70	Months 11	Days 18
Sex Female	Color or Race white	Occupation		Birth-place Maryland	
Married, Single or Widowed Married					
Name of Wife or Husband Levi Snader					
Father's Name Abraham. Albaugh			Father's Birthplace Maryland		
Mother's Maiden Name Christiana Baum			Mother's Birthplace Do		
Name of person giving information E Bradford Greenwood			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

How long

—

Immediate

Heart

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Barbara A. Snader

Janett Billingslea M.D.
Westminister Md.

Accident or Suicide?

No

Bethel church - Sam's creek

Nancy D. Snyder.

Town

County

Died at Humpstead

Carroll

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

U.S

Occupation

Housewife

Male

White

Age

76 - -

Widow

Divorced

Female

Colored

Married

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Jacob Snyder

Mother's

Maiden Name

Cause of

Primary

Pulm. Tuberculosis

How long sick

60 mo.

Death

Immediate

Asthma.

Accident, Suicide, Homicide

Reported by

Edgar M. Bush M.D.
Hempstead, N.Y.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

David F. Spencer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Aug.	Day 26	Years 58-	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Westminster	
Occupation	Laborer		Where Residing if not at place of death			Smallwood	
Married, Single or Widowed	Midwives		Name of Wife or Husband				
Father's Name	David P. Spencer		Father's Birthplace			Garrison	
Mother's Maiden Name	Susan Gauthier		Mother's Birthplace			Westminster	
Name of person giving information	Andrew C. Spencer		How related to deceased			Step. Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ophthisis Pulmonalis

How long

Several years

Immediate

Pulmonary Thrombosis

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Elwoodward, M.D.
Westminster,
Md.

Accident or Suicide?

Markfieldsbury Stone

Cemetery

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

397 John. T. Toop

CERTIFICATE OF DEATH

Died at <u>near Westminster</u>			County <u>Carroll</u>	MARYLAND		
Date of death 1903	Month Aug	Day 21	Age 75-	Years	Months 10-	Days 2
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Carroll Co</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>Retired</u>					
Name of Wife or Husband <u>Elijah Toop</u>						
Father's Name <u>John Toop</u>	Father's Birthplace <u>Carroll Co</u>					
Mother's Maiden Name <u>Rachael Harden</u>	Mother's Birthplace .. "					
Name of person giving Information <u>Rachael Toop</u>	How related to deceased <u>Wife -</u>					

CAUSES OF DEATH

Primary

Dropsy 79 6 months

Immediate

Heart Disease

How long

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Westm. St
Westminster Md

Accident or Suicide?

Family Burying Ground,
New Windsor Road.

Name
in
Full

1402

TO BE ANSWERED BY
NEAREST FRIEND

May Turfle

Town

CERTIFICATE OF DEATH

Died at

Westminster

County

Burrowes

MARYLAND

Date
of death 1903

Month

Day

Age

Years

Months

Days

Aug 23

28

4 10

Sex

Female

Color or
Race

White

Birth-
place

Pennsylvania

Married, Single
or Widowed

Married

Occupation

Name of Wife
Husband

Charles V Turfle

Father's
Name

Harry Ruhler

Father's
Birthplace

Penn

Mother's
Maiden Name

Barbara Long

Mother's
Birthplace

do

Name of person giving
Information

Charles V Turfle

How related
to deceased

Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Gastritis

How long

One week

Immediate

Heart Failure

04

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Joseph Bellingrad M.D.
Westminster Md.

Accident or Suicide?

Mr. Mathews

Neostigmone canadense

Name
in
Full 398

Joseph. S. Weinhold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>near Westminster</u>		Town	County	MARYLAND		
Date of death 1903	Month Aug	Day 21	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race	<u>white</u>		Birth-place	<u>Baltimore</u>	
Married, Single or Widowed	<u>Single</u>	Occupation				
Name of Wife or Husband	—					
Father's Name	<u>Geo Weinholdt</u>		Father's Birthplace	<u>3</u>		
Mother's Maiden Name	<u>Mary. E. Walsh</u>		Mother's Birthplace	<u>Westminster</u>		
Name of person giving Information	<u>Michael Walsh</u>		How related to deceased	<u>Brother</u>		

CAUSES OF DEATH

Primary

Cholera Infantum

How long

4 days

Immediate

Convulsion

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. L. Bott

Address

Westminster, Md

Accident or Suicide?

St John's cemetery

Name in Full

Certificate of Death

No. 85

Lydia A. Wood.

Town

County

Died at

MARYLAND

Union Bridge Carroll

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	8	31	Age	77		MD	None
Mate	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Death	Primary	Secondary	How long sick
		6 mo's	
Death	Immediate	Collapse	Accident, Suicide, Homicide

Reported by

Frank Johnson.

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

